Form NLRB - 501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE	A	GAIN	IST	EMPL	0	YER
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INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
13-CA-318160	5-16-2023				
15 611 510100	3-10-2023				

1.	EMPLOYER AGAINST WHOM CHARGE IS BROUG	GHT					
a. Name of Employer	b. Tel. No.						
Securonix, Inc.							
a social state of the state of		c. Cell No.					
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	f. Fax No.					
, , , , , , , , , , , , , , , , , , , ,							
5080 Spectrum Dr	(b) (6), (b) (7)(C)	g. e-mail					
Ste 950W		இsecuronix.com					
Addison, TX 75001-4713		h. Number of Workers Employed					
i. Type of Establishment (factory, mine, wholesale	r, etc.) j. Identify Principal Product or Service						
Software Company Cybersecurity							
I. The above-named employer has engaged in an	d is engaging in unfair labor practices within the mean	ning of section 8(a), subsections (1) and of the					
National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.							
Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)							
	g, the Employer has interfered with, restra						
	ction 7 of the Act by promulgating and/or n						
	rules or provisions in, among other things,	offer letters, handbooks, and					
severance agreements.							
3 Eull name of narty filing charge (if labor organization, give full name, including local name and number)							
4a. Address (Street and number, city, state, and z	4b. Tel. No.						
(b) (6), (b) (7)(C)	4c. Cell No.						
(B)(G), (B)(I)(G)							
	4d. Fax No.						
	As a mail						
		4e. e-mail					
5. Full name of national or international labor orga	nization of which it is an affiliate or constituent unit (to	o be filled in when charge is filed by a labor					
organization)							
2 252	ARATION	Tal Na					
I declare that I have read the above charge a	Tel. No.						
knowledge	TO STATE OF THE ST						
(b) (6), (b) (7)(C)	Office, if any, Cell No.						
	(b) (6), (b) (7)(C) an Individual						
(signature or representative or p ⁽⁰⁾⁽⁶⁾ In making cha	rge) (Print/type name and title or office, if any)	Fax No.					
Address: (b) (6), (b) (7)(C)	Date:	e-mail					
	5/16/2023						

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)